



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_

**PARTIES** Include information for all parties involved.

**EMPLOYER** EvergreenHealth Medical Center  
**Contact** Jessika Groce  
**Title** Chief Human Resources Officer  
**Address** 12040 NE 128th St  
**City, State, ZIP** Kirkland, WA 98034  
**Phone** 425-899-2627 **Ext.** \_\_\_\_\_  
**Email** jgroce@evergreenhealthcare.org

**PETITIONER** SEIU Healthcare 1199NW  
**Contact** Akson Mounlamai  
**Title** Field Admin Assistant  
**Address** 15 S Grady Way, Suite 200  
**City, State, ZIP** Renton, WA 98057  
**Phone** 425-919-7201 **Ext.** \_\_\_\_\_  
**Email** aksonm@seiu1199nw.org

**CURRENT BARGAINING REPRESENTATIVE**

(If One Exists) \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** \_\_\_\_\_

**TYPE OF REQUEST** Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☒ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

**BARGAINING UNIT**

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

**SECTION 1—Describe the Existing Bargaining Unit:**

amended unit certified in decision 12562-PECB

**Number of Employees in Existing Unit** 100

**SECTION 2—Describe the Proposed Bargaining Unit:**

Add full-time, part-time and per diem Oncology Social Workers to amended unit certified in decision 12562-PECB

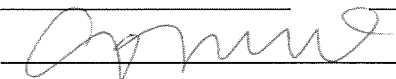
**Number of Employees in Proposed Unit** 3

**If a CBA exists, what is the expiration date?** 3/6/25

**SHOWING OF INTEREST**

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

**PETITIONER REPRESENTATIVE**

**Name** Renton, WA 98057  
**Address** aksonm@seiu1199nw.org  
**Phone** aksonm@seiu1199nw **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Renton, WA 98057  
**City, State, ZIP** Renton, WA 98057  
**Email** aksonm@seiu1199nw.org  
**Date** 5/12/23

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

EvergreenHealth Medical Center

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)*

PERC Representation Petition

on all parties or their counsel of record on

May 12, 2023

To:	Name	Jessica Groce			
	Organization	EvergreenHealth Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	12040 NE 128th St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	12040 NE 128th St	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	jgroce@evergreenhealthcare.org			
	Fax				
	Name				
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	Fax				
	Name				
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	Fax				

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 5/12/23

Print Name Akson Mounlamai

Signature 

**From:** [Akson Mounlamai](#)  
**To:** [PERC, Filing \(PERC\)](#); [Laurel Webb](#)  
**Subject:** Filing for Social Workers at EvergreenHealth Kirkland  
**Date:** Friday, May 12, 2023 1:48:35 PM  
**Attachments:** EVG Oncology SW PERC rep petition signed.pdf  
EVG Oncology SW PERC COS signed.pdf  
EVG SW Auth Cards.pdf  
EVG SW Signers.xlsx  
**Importance:** High

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External Email

Good afternoon PERC,

This email is our notice to file for representation for Ambulatory/Oncology Social Workers at EvergreenHealth Medical Center (Kirkland, WA). They are intending to join our existing Social Worker and Chaplin bargaining unit there. Please see attachments for all documents including:

1. Signed authorization cards from the interested workers
2. List of signers
3. PERC Representation Petition
4. PERC Certificate of Service

Our union counsel Laurel Webb is copied on this email. Please copy her on communications. Thank you and we look forward to next steps.

Best regards,

Akson Mounlamai  
SEIU Healthcare 1199NW  
Field Admin Assistant  
425-919-7201  
425-917-9707 (fax)  
[aksonm@seiu1199nw.org](mailto:aksonm@seiu1199nw.org)